

## Inspection Evidence Table

Hylton Medical Group

(1-3741688183)

Inspection Date: 23<sup>rd</sup> January 2024

Date of data download: 23/01/2024

**Overall rating: Good**

## Responsive

**Rating: Outstanding**

### Responding to and meeting people’s needs

**The practice organised and delivered services to meet patients’ needs.**

We rated this key question as outstanding because:

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. The practice was proactive in identifying initiatives to improve the care for their patients and they delivered care which was accessible and promoted equality.

The practice had consistently positive patient satisfaction data as highlighted by the National GP Patient Survey and had an effective system for continuous improvement.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y

The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was aware of patients who required reasonable adjustments and ensured alerts were visible on systems to alert staff when booking appointments.</p> <p>The practice demonstrated a flexible approach to appointments that met the needs of varying patient demographics.</p> <p>Patients commented regularly in friends and family testing that they were able to access an appointment with no difficulty.</p> <p>The practice provided evidence that they did not have a limit on same day appointments and patients were encouraged to call throughout the day and not just at 8am when the phone lines opened. The practice told us that if an appointment was not available when requested by a patient, they would always offer them an appointment on an alternative day or an appointment at the out of hours service. They did not request that patients call back the following day to begin the request process again. The practice provided evidence to show that patients were happy with this approach. Pre- bookable appointments were available one month in advance.</p> <p>The practice provided evidence that they were flexible to vulnerable groups and had consistently gone above and beyond to ensure patients received care, for example, arranging and funding a taxi to the practice, in extenuating circumstances, for patients who had no access to transport.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-6pm
Friday	8am-6pm
Appointments available:	
Monday	8.30am – 6pm
Tuesday	8.30am – 6pm
Wednesday	8.30am – 6pm
Thursday	8.30am – 6pm
Friday	8.30am – 6pm

## Further information about how the practice is responding to the needs of their population

Extended access appointments were available to patients until 8pm. This was provided by Sunderland GP Alliance and Hylton Medical Group, who provide 20 hours per week from the surgery.

Patients had a named GP who supported them in whatever setting they lived.

The practice was aware of the demographics of their local area and worked towards improving services for their vulnerable groups and those experiencing barriers and inequalities. People's individual needs and preferences were central to the delivery of tailored services and the services were flexible, provide informed choice and ensure continuity of care.

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who were in vulnerable circumstances or who had complex needs.

All staff were responsible for being a champion for a specific area/patient group. This included admin and clinical staff. The practice provided evidence that this was beneficial to patients, such as veterans to have a champion at all points when receiving care. Other leads included carers, domestic abuse victims, people with learning disabilities and vulnerable children. This was an 'all staff' approach and staff were encouraged to identify patients in these vulnerable groups and arrange support and consistent contact with a relevant GP, who built up specific knowledge about the condition of the patient and their needs. Patient records had alerts placed on these patients so they could be easily identifiable.

The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. Home visits were prioritised and we were told that in the majority of cases, this would be a same day visit.

The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues, this included meetings with professionals including Community Nursing teams and Age UK to enable patients who required further pro-active treatment or support within their own home were being identified and cared for as needed. The involvement of Age UK with their patient population provided services that helped patients with loneliness, depression and safety within the home to make them as safe as possible.

All patients were offered a same day appointment where there was a medical need. The practice provided evidence which demonstrated that this approach was well received by patients. It also ensured staff were able to manage appointment streams more effectively. Where the need was not so urgent, the practice offered an appointment in the near future, without the need for a patient to call back.

The practice held a register of patients living in vulnerable circumstances including homeless people, those with a learning disability and carers.

The practice had recognised an increase in the number of homeless patients using their services. As a result of this, the practice reviewed their systems and processes for the homeless and took action. Staff explained that patients in this group were able to make use of all facilities within the building when required. Staff had also arranged urgent food parcels for patients and ensured extra support was available such as access to a phone, internet or extra support in assessing external services. They also received health checks from a clinician. All staff had been made aware of the support available and could help signpost homeless patients to the services required. The practice manager had worked with local organisations (Pallion Action Group) to gain further

knowledge on how patients with no fixed address could be best supported within the community. The practice was a food bank support link for the community.

The practice demonstrated that they had implemented a recruitment and succession plan to ensure patient care was not affected. This recruitment was not limited to General Practitioners and included for example a Mental Health Practitioner which enabled patients to receive on-site mental health support such as counselling.

The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

The practice had access to a paediatric patient hub to ensure all children were able to access timely treatment.

The practice employed a range of professionals to improve patient experience, and this ensured patients were treated holistically.

Practice staff had a daily meeting by which any patient issues from the previous day could be addressed, they provided evidence that patients had provided positive feedback to responding to queries and concerns in a timely manner.

The practice recently saw a short notice influx of over 1000 new patients from overseas over a three-month period, who were attending the university. The practice recognised this as a gap in their service provision so implemented a Migrant Health Policy and ensured all staff received necessary training to ensure this patient group received specialised holistic care.

Migrant patients were all seen by a nurse and received a health screening appointment. This enabled staff to provide health education and provide any support required. Staff had also begun to educate patients on the importance of declaring any medical conditions. This was evidenced in a clear process which included assessing the following;

Migration background, social circumstances, support for children, immunisation status, specific health concerns, disabilities, safeguarding and infectious disease screening (Including HIV screening, sexual health screening and hepatitis B and C screening).

Translators were provided and pre-booked if required for these appointments.

The practice demonstrated being able to rapidly adapt to meet the needs of the local population, this was evidenced in both interviews with staff, in written policies and staff training.

The practice had regularly reviewed these appointments and highlighted issues. The practice had increased consultations by 21% and despite this increase we saw evidence that the practice was still able to maintain all other appointments such as long-term condition reviews in a timely manner.

## Access to the service

**People were able to access care and treatment in a timely way.**

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y

The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice demonstrated a flexible approach to how patients could book appointments, this included both online and face to face.</p> <p>Patients could book routine nurse appointments up to one month ahead.</p> <p>Practice staff had flexibility in booking appointments for patients where needed.</p> <p>Staff were able to add alerts to patient records where it was deemed patients needed a longer appointment time.</p> <p>The practice had a range of staff available which enabled patients to receive care appropriate to them, for example social prescribing, a health and well-being practitioner, a care co-ordinator, physiotherapists, occupational therapists, specialist diabetes practitioner, and a specialist lower limb practitioner.</p> <p>The practice told us that they recognised that a clinician with relevant cultural experience and background would benefit their patient population groups so they had recently employed a suitably experienced GP who was able to provide expert knowledge in relation to the migrant patient population.</p> <p>The practice led a PCN wide initiative which aligned practices to care homes. One of the GPs based at the practice has had oversight of the pilot ensuring residents and patients received streamlined care.</p>	

### National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	75.3%	N/A	49.6%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	74.6%	62.5%	54.4%	No statistical variation

The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	70.0%	57.3%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	72.3%	77.1%	72.0%	No statistical variation

### Any additional evidence or comments

The practice had been consistently above the national average since 2018 for patient satisfaction around access by phone.

The practice had been on an upward trend since 2021 for overall experience of making an appointment, and for being satisfied or fairly satisfied with their GP appointment times and had been above local and national averages in 2022 and 2023.

Patient satisfaction with appointments offered had been steady since 2021 and in 2023 they were in between local and national averages.

Patients could access services and appointments in a way and at a time that suited them.

The practice remained open during the Covid-19 pandemic and offered PCN wide support where required.

The practice was aware of their survey data and were proactive in making improvements to access by telephone and appointments. They also monitored their complaints and in the last year they had not received any about access by phone or their appointment system.

People could access services and appointments in a way and at a time that suited them. The practice evidenced regularly reviewing patient feedback and GP survey results to improve access, one of the key areas discussed was the implementation of same day appointments for patients. This led to a change in patients being required to call at 8am. Patients could now call during surgery opening times to receive an appointment. The practice had carried out audits following this change, positive data has been produced. Since introducing this system, the practice told us that they had monitored call frequency and peak times. We were told that calls to the practice were now spread more evenly across the day and patients did not need to call the practice on subsequent occasions to book an appointment.

The practice was able to evidence an awareness of patient needs not only within their own practice but within the Primary Care Network. The practice had implemented a menopause clinic available to female patients within the PCN. The practice evidenced that this had received excellent feedback from patients who required this service.

The practice was aware of the health concerns in their local area and that there was a high level of deprivation. This included the prevalence of issues relating to the rising number of pregnancy terminations, menopausal issues, contraception and a low uptake of cervical smears. As a result, of this they introduced a Women's Health Hub which provided contraceptive health and menopausal advice and guidance to women across the PCN. The service had received positive feedback.

The practice wished to a full-time service and had applied for funding from the government following backing from the Integrated Care Board. This service took the form of a Women's Health Pathway which considered

the needs for the local area. In December 2023, the practice carried out their own survey of the patients who had used this service. They found that 100% of patients advised they were satisfied or extremely satisfied with the time in which they received an appointment and 50% of women who used the service advised had it not been available they would have ignored the issue. The practice told us that this service has had a positive impact on women who required these types of services.

The reception team were able to signpost patients to a range of services which included the primary care network staff, such as pharmacists, mental health workers for adults and children, physiotherapy services and social prescribing link workers.

We reviewed evidence provided from the November 2023 Friends and Family testing which provided over 200 positive comments in relation to care received at the practice. Patient comments repeatedly highlighted being able to get an appointment quickly and leaving with the issue being resolved. This reflected a positive impact on patients as a result of the changes made to their access by phone and appointment system.

The practice reviewed data of those patients who were using online services to order prescriptions it was recognised that this was an area where access could be improved. The practice was just under 100% for patients using this service.

The practice had utilised all staff resources to ensure that the correct appointments were allocated for the patient's condition. Reception staff had been trained in care navigation and patients had been educated to use online booking services to reduce the pressure of contact by phone to book an appointment. They recognised that some elderly patients were unable to use online services and these patients were flagged on the clinical system so that they could be supported.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There has been no feedback posted within the last year.

## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
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Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint via e-mail; Not happy with amount of Co-codamol and that she has to come in for a med review	Advised that we have an opiate policy and will always endeavour to support patients to reduce their opiates usage and overreliance on harmful analgesia as per NICE guidance on back pain  We also reviewed evidence that the complaint had been discussed at staff meetings and outcome evident in minutes.